

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000023687

Entity Name: KIRKENDALL INSURANCE, LLC

Current Principal Place of Business:

6958 ALOMA AVE
WINTER PARK, FL 32792

Current Mailing Address:

6958 ALOMA AVE
WINTER PARK, FL 32792 US

FEI Number: 27-5138310

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KIRKENDALL, DONALD C
6958 ALOMA AVE
WINTER PARK, FL 32792 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name KIRKENDALL, DONALD C
Address 6958 ALOMA AVE
City-State-Zip: WINTER PARK FL 32792

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONALD KIRKENDALL

MGRM

02/20/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date